	C_{000}	22 12077 mdo [200 1E E	<u> </u>	1 5 / 2 / 1	Entoro	J 01/1	E/2/11E-1	0.42 E	1000 140	vin
Fill	in this information	to identify your case:					ν Ι.	Check one bo	x only as dir		
D	ebtor 1	Vedaj		Jeeja Padn	nan			1 1. There is		tion of ob.	
		First Name Mide	dle Name I	_ast Name							
	ebtor 2 Spouse, if filing)	First Name Mide	dle Name I	_ast Name					pplies will be	e made und	er Chapter 7
	e'ted Otataa Baala				Dannaulyani	_				`	orm 122A-2).
	ase number	ruptcy Court for the:	Eastern	DISTRICT OF	Pennsylvani	а	-				now because ould apply later.
_	known)	25-13077-11100					-	Check if th	nie ie an ame	anded filing	
								— Check ii ti	iis is air airie	indea ming	
<u>Ot</u>	ficial Form	122A-1									
Cł	napter 7	Statement of	Your C	urren	t Mont	hly I	ncor	me			12/19
and beca with	case number (if k ause of qualifying this form.	et to this form. Include the nown). If you believe that y military service, complete e Your Current Monthly	ou are exempte and file <i>Statem</i>	ed from a p	resumption	of abuse I	because	you do not ha	ave primarily	consumer	debts or
1.	What is your ma	rital and filing status? Che	ck one only.								
		Fill out Column A, lines 2-11									
		our spouse is filing with ye				2-11.					
	_	our spouse is NOT filing w									
		the same household and a									
	under pe	parately or are legally sepa enalty of perjury that you and are living apart for reasons t	d your spouse a	re legally s	eparated und	ler nonbar	nkruptcy	law that applie	es or that you		
va ex	aried during the 6 i	ple, if you are filing on Sept months, add the income for buses own the same rental p	all 6 months an	d divide the	total by 6. F	ill in the re	esult. Do column c	not include an only. If you haven	y income an ve nothing to Column E	nount more report for a	than once. For
							Debto	or 1	Debtor 2 non-filing		
2.	Your gross wage deductions).	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).				ayroll		\$4,045.72			
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.					\$0.00					
4.	your dependents unmarried partner roommates. Inclu	n any source which are reg s, including child support. I r, members of your househ ide regular contributions fro ents you listed on line 3.	Include regular old, your depen	contribution dents, pare	s from an nts, and	•		\$0.00			
5.	Net income from or farm	operating a business, pro	fession,	Debtor 1	Debtor 2						
	Gross receipts (b	efore all deductions)	_	\$0.00							
	Ordinary and ned	essary operating expenses		\$0.00							
	Net monthly inco	me from a business, profes	sion, or farm	\$0.00		Copy here		\$0.00			
6.	Net income from	rental and other real prop	ertv			→		ψυ.υυ			
υ.			oi ty	Debtor 1 \$0.00	Debtor 2						
	. ,	efore all deductions) cessary operating expenses	<u>-</u>								
	Ordinary and net	cosary operating expenses	<u>-</u>	\$0.00		Corry					
	Net monthly inco	me from rental or other real	property _	\$0.00		Copy here		40.00			
						\rightarrow		\$0.00			
7.	Interest, dividen	ds, and royalties						\$0.00			

Debtor 1

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	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. Unemployment compensation	\$0.00		_
Do not enter the amount if you contend that the amount received was a benefit under			
the Social Security Act. Instead, list it here:			
For you	00		
For your spouse			
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury o disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	r ent e		
10. Income from all other sources not listed above. Specify the source and amoun Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid b the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 2022 Tax Return	y		
Total amounts from separate pages, if any.	+	+	
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$4,236.72	+	Total current monthly income
t 2: Determine Whether the Means Test Applies to You			
Calculate your current monthly income for the year. Follow these steps:			
2a. Copy your total current monthly income from line 11		Copy line 11 here \rightarrow	\$4,236.72
Multiply by 12 (the number of months in a year).			v 12

12. Calcula

12a	Copy your total current monthly income from line	Copy line 11 here →	\$4,236.72			
	Multiply by 12 (the number of months in a year)		x 12			
12b	. The result is your annual income for this part of	12b.	\$50,840.64			
13. Cal	Calculate the median family income that applies to you. Follow these steps:					
Fill	in the state in which you live.	Pennsylvania				
Fill	in the number of people in your household.	1				
To f	Fill in the median family income for your state and size of household					

14. How do the lines compare?

- 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*Go to Part 3. Do NOT fill out or file Official Form 122A-2.
- 14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

Debtor 1

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Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Vedaj Jeeja Padman

Signature of Debtor 1

Date 01/15/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.